



2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency
1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

Permit Information

1. What action would you like to take? *

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage.

Operator Name (Organization Name) *

Smithsonian Institution

Operator Name as Noted by the NOI Preparer

2. Select the state/territory where your facility is located *

DC

3. Is your facility located on Indian Country lands? *

☐ Yes

☒ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? *

☐ Yes

☒ No

5. Are you a new discharger or a new source as defined in Appendix A? *

☒ Yes ☐ No

6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. *

☐ Yes ☒ No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. *

☒ Yes ☐ No

7a. Did you notify your applicable EPA Regional Office in advance of filing your NOI, and did the EPA Office determine that you are eligible for permit coverage pursuant to Part 1.1.4.10? *

☒ Yes ☐ No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? *

☒ Yes ☐ No

9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. *

☒ Yes ☐ No

10. Master Permit Number

DCR050000

A: Facility Operator Information

1. Operator Name (Organization Name) *

Smithsonian Institution

2. Street *

1400 Constitution Avenue

3. Supplemental Address

4. City *

Washington

5. State *

DC

6. ZIP Code *

20560

7. Facility County or Similar Govt. Subdivision *

District of Columbia

8. Phone (10-digits, No dashes) *

2026331563

9. Extension

10. E-Mail *

rodrial@si.edu

Operator point of contact information

11. First Name *

Angel

12. Middle Initial

L

13. Last Name *

Rodriguez

14. Professional Title *

Facility Zone Manager

B: Facility Information